OCT. 13. 20055:10:27AM HITT GAINES 9724808865, NO. 2561 P. 6 Complete and send this form, together was applicable fee(s), to: Mail Mail Stop IS FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 OCT 1 8 2005 or <u>Fax</u> (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate full further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated the correspondence address as indicated the current correspondence address as indicated the current correspondence address as indicated the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence in Block 1, by (a) specifying a new correspondence address. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of eddress) 47396 7590 07/11/2005 HITT GAINES, PC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (571) 273-2885, on the date indicated below. AGERE SYSTEMS INC. PO BOX 832570 RICHARDSON, TX 75083 (Denositur's paine) <u>Debbie Sams</u> Deri Dame (Signature (Date October 2005 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 3245 R. BLAKE 6 09/845.585 04/30/2001 Roy B. Blake . TITLE OF INVENTION: JITTER CONTROL PROCESSOR AND A TRANSCEIVER EMPLOYING THE SAME DATE DUB TOTAL FRE(S) DUE ISSUB FEE PUBLICATION FEE APPLN. TYPE **SMALL ENTITY** 10/11/2005 NO \$1400 \$300 \$1700 nonprovisional ART UNIT CLASS-SUBCLASS EXAMINER 375-356000 HA, DAC V 2634 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (puint or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Allentown, PA Agere Systems Inc. Please check the appropriate assigned category or categories (will not be printed on the patent): 🚨 Individual 🖾 Corporation or other private group entity 🚨 Government 4b, Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Attvance Order - # of Copies Deposit Account Number 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date October 11, 2005

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